a valid OMB control number.

PTO/SB/01 (3-97)

Approved for use through 9/30/98. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

▼ Declaration Submitted with Initial Filing

☐ Declaration OR Submitted after Initial Filing

Attorney Docket Number	GMl				
First Named Inventor	Mastman				
COMPLETE I	F KNOWN				
Application Number					
Filing Date					
Group Art Unit					
Examiner Name					

As a below named inventor, I hereby declare that: Gary J. Mastman								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
COMPUTERIZ PORTFOLIOS		ETHOD AND	SYSTEM F	'OR	FORMUI	LATING S	STOCK	
the specification of which	ch ch	(Title of t	the Invention)					
is attached hereto								
was filed on (MM/i	DD/YYYY)		ast	Jnitec	i States Applica	ation Number or	PCT International	
Application Number	•	and was ar	mended on (MM/D				(if applicable).	
I hereby state that I have ramended by any amendm	reviewed ar	nd understand the conte	`		· · · /	on, including the		
I acknowledge the duty to § 1.56.			rial to patentability	/ as d	lefined in Title 3	37 Code of Fede	ral Regulations,	
hereby claim foreign priority benefits under Title 35, United States Code §119 (a)-(d) or § 365(b) of any foreign application(s) for latent or inventor's certificate, or §365 (a) of any PCT international application which designated at least one country other than the finited States of America, listed below and have also identified below, by checking the box, any foreign application for patent or exertificate, or of any PCT international application having a filing date before that of the application on which priority is laimed.								
rior Foreign Application Number(s)		Country	Foreign Filing (Priority Not Claimed		opy Attached?	
				ļ				
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto								
I hereby claim the benefit t	under Title 3	35, United States Code	§ 119(e) of any U	Inited	States provision	onal application(s) listed below	
Application Number(s	3)	Filing Date (MN	M/DD/YYYY)]	Additio	Additional provisional application		
60/261,558 01/12/200			01		numbe	ers are listed of	n a	
		l			PTO/S	mental priority B/02B attache	data sneet d hereto.	

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the Burden Hour Statement: This form is estimated to take 0.4 flours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Please type a	plus sign ((+) inside	this box	 +

PTO/SB/01 (12-97)
Approved for use through 9/30/00. OMB 0651-0032
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE
a valid OMB control number.

DECLARATION — Utility or Design Patent Application

P-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-												
United States information w	or PCT	International ap	plication	of any United states as the suit in the manner part of this application of this application.	rovided by	the fret and	ine claims of	this app	Dicatio	n is not disclo	sed in the pric	
U.S. Parent Application or PCT Parent				Paren	t Filing Dat	e	Pa	Parent Patent Number				
	Number					/DD/YŸYY)			(if applic	able)		
As a named in	ventor I	hereby appoint	the follow	ation numbers a	rootitioner	(a) to account	ental priority da	ta sheet	PTO/S	B/02B attache	d hereto.	
and Trademark	Office	connected there	with: 🔯	Customer Nun	nber 24	r(s) to prosecute this application and to transact all but 4 2 1 0				Place Cu	stomer	
				Registered pra	actitioner(s)	name/regis	tration number	listed be	low L	Number 8 Label		
	Naı	ne		Regis	tration nber			me		Registration Number		
Nathar	ı N.	Kallma	n	19,40) 5							
Additional i	registere	ed practitioner(s) named o	on supplement			er Information sl	neet PTC)/SB/0:	2C attached he	ereto.	
Direct all corr	espond	lence to: 🛚		ner Number Code Label	243	210	OR			ondence ad		
Name		Nathan N. Kallman										
Address		20900 Sarahills Drive										
Address												
City	·	Sarato	ga			State	State CA ZIP			5070		
Country		USA		Telephon	e (40	8) 86	7-1520	Fax	(4	08) 86	7-9289	
I hereby declare believed to be to punishable by for application or an	ine or in	nprisonment, or	both, ur	in of my own ki ements were mander 18 U.S.C.	nowledge a ade with th 1001 and	are true and ne knowledg that such w	that all staten that willful fa fillful false state	nents ma lse state ements n	ide on ements nay jed	information a and the like s opardize the v	nd belief are so made are alidity of the	
Name of So	le or F	irst Invento	r:			☐ A petit	tion has been	filed fo	r this ı	unsigned inve	entor	
Giv	en Nar	ne (first and m	niddle [if	anyl)		Family Name or Surname						
Gary J					Mastman							
Inventor's Signature		Jan	N	t. Tora.	Aus	n				Date	10/20/01	
Residence: City Saratoga		State	CA	Country	USA			Citizenship	USA			
Post Office Address 20777 Russell Ct.												
Post Office Add	dress											
city Sarat	toga		State	CA	ZIP	9507	0	Coun	try	USA		
Additional in	ventor	s are being na	med on	thesupp	olementai	Additional	Inventor(s) sl	heet(s)	PTO/S	SB/02A attac	hed hereto	